

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/ 586259

7.18.06

CLAIMS

	AS FILED		AFTER		AFTER	
	1 ST AMENDMENT		2 ND AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2				
4		3				
5		4				
6		5				
7		6				
8		7				
9		8				
10		9				
11		10				
12		11				
13		12				
14		13	1			
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TOTAL IND.			2			
TOTAL DEP.			13			
TOTAL CLAIMS			15			

	AS FILED		AFTER		AFTER	
	1 ST AMENDMENT		2 ND AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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